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WEST'S LECTURES ON DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

HOSPITAL NOTES AND CLEANINGS.

Three Cases of Rare Injuries.—It was an old surgical maxim, which has passed into a literary commonplace, that a bone never breaks again at the seat of fracture. Among numerous exceptions to this rule which are continually occurring, we may mention the case of a patient, at present in the accident ward at St. Bartholomew's, who has fractured each thigh no fewer than three times; and always, as well as can be ascertained, at the same spot. He has been a patient at St. George's Hospital three times, and has recovered each time with a useful limb and apparently sound union. The fracture was originally the result of accident on each side, and there seems no reason to suspect disease of the bones.

A very unusual accident is at present in the same Hospital, under Mr. Stanley's care, viz., a comminuted fracture of the patella,

the result of muscular action only. The patient's account of the accident is clear enough, and there seems no reason to doubt its correctness. The bone is found to be splintered into four pieces. Union appears to be progressing naturally.

Another singular injury to be seen in the same Hospital is the case of a man who was examining a Russian blunderbuss which had been sent over as a curiosity; while he was holding the muzzle near his eye, he happened to press a spring which projected a bayonet point out of the barrel. This struck him on the right cornea, without touching the lids or wounding any other part of the eye, causing a clean incised wound of this structure, and evacuating the lens almost as neatly as by a surgical operation. When seen, the wound in the cornea was granulating healthily, the inflammation was not excessive, and there seemed every reason to hope that he would preserve a good amount of sight. Unfortunately the wound is across

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the horizon of the eye, and the scar will of course interfere with clear vision.—*British Med. Journ.*, May 16, 1857.

Nitro-Muriatic Acid in the Gastric Fever of Children.—A remedy, which is a favourite one with Dr. ARTHUR FARRE, in his out-patients' room at King's College Hospital, in the treatment of gastric fever in young children, is the nitro-muriatic acid. To a child of a year and a half to four years old, a mixture containing a drachm each of the diluted nitric and hydrochloric acids, to six ounces of water, is ordered, in doses of half an ounce, three times daily. At the same time a dose of gray powder (four grains) is given every night at bedtime. If the disease be passing off, and tonics needed, the gray powder may be omitted, and the acids given in infusion of quassia, or with bark. The peculiar tongue of infantile gastric fever is well known, resembling closely that of scarlet fever in the prominence of its papillae, but differing from it in having a white, instead of a red ground. Thus the papillae present in the midst of a whitish fur; but in some cases the centre of the tongue is red and beef-like, the sides only being furred.—*Med. Times and Gaz.*, May 16, 1857.

Inoculation from Cancer?—The following is the record of a case in which suppuration and glandular enlargement occurred during attendance upon a patient suffering from cancer of the breast, which had been removed by operation. The subject of this cancerous inoculation is at this moment a patient under Mr. Thomas Wakley's care in the Royal Free Hospital, and the particulars about her were kindly furnished by Mr. W. Curran, the house-surgeon:—

Mary J. Frazier, aged forty-eight, a nurse, healthy looking, florid ruddy aspect, regular habits, and stout muscular build, was in attendance upon a lady from whose breast Mr. Wakley had removed a large malignant tumour, which proved to be cancerous. She found herself suffering from symptoms of inflammation of the hand, resulting, as she thought, from contact with the cancerous breast the same day on which it had been operated upon. She had assisted at the operation and afterwards in dressing the wound, and whilst so engaged she felt a stinging sensation or tingling in the tips of all the fingers, especially of the middle finger, which had been previously punc-

tured, and subsequently suppurated slightly. This was followed by shooting and pricking under the nails, numbness in the palm, and inability to close or grasp anything therewith. She also suffered from uneasiness and tingling about the elbow, shooting stiffness along the course of the absorbents, darting in various parts of the limbs, and rather troublesome enlargement of the axillary glands. To these were added some vascular throbbing and neuralgic pain of the larger nerves. There was some slight temporary constitutional sympathy, but no serious implication of the general system. She is now (May 11) almost well, and has been progressively improving since an abscess was formed in the hand and free discharge encouraged.

There can be no doubt whatever that the poisonous matter produced inflammation of the lymphatics, but we can hardly take upon ourselves to declare that actual inoculation of cancer had taken place. We have not as yet sufficient data placed upon record to warrant an opinion as to this latter fact.—*Lancet*, May 16, 1857.

Fibrous Tumours of the Uterus.—An example of this rare form of growth was lately to be seen in the corner bed of Harley ward of St. Bartholomew's Hospital, under Mr. Coote's care. The patient, a female aged twenty-nine years, has been married about eighteen months, and supposed herself to be pregnant from this enlargement; but as time passed off, and the expectant child was not forthcoming, it led to an examination, when a distinct and deeply-seated tumour was found in the right side of the pelvis, quite immovable, extremely hard, and extending upwards towards the liver. Menstruation has been perfect almost to the present time, but latterly has been irregular. On examining per vaginam, the os uteri is seen quite natural, but the uterus is apparently pushed towards the left side, and at the base of the pelvic tumour pulsation can be felt as if from a lot of enlarged bloodvessels. There is no history of any female branch of the family being affected with similar growths; but the patient tells us that a brother of hers had an internal tumour in some part of his body. She left the hospital on the 12th of April for the country, and since her departure we learn that the tumour is increasing in size.

The diagnosis of some of these tumours

is sometimes very difficult and obscure, as the records of medical science fully show, where errors have been made, and the true nature of the growth determined when the abdomen has been opened for ovariectomy. It is especially for ovarian disease that most tumours in the vicinity of the uterus are mistaken. But in a solid firm tumour of the uterus itself, that organ should first be carefully examined, and then the tumour; if there is an absence of fluctuation and elasticity, associated with immobility, then it is not ovarian. We had an opportunity of carefully examining Mr. Coote's patient, and came to the conclusion, from all the symptoms and physical phenomena, that it was a solid tumour of the uterus, most probably fibrous.—*Lancet*, May 16, 1857.

Clinical Lecture on the Fetid Bronchitis, with discovery of Butyric Acid in Sputa. By Prof. LAYCOCK (Reported by Mr. Low, Clinical Clerk).

A case of fetid bronchitis, under the care of Dr. Laycock, in the clinical ward of the Royal Infirmary, has attracted some attention from the discovery of the cause of the odour in this disease, and the rapidity with which, apparently, it yielded to strychnine.

Oliver Scott, aged 37, single, by trade a tailor, residing in the Canongate, admitted February 17, 1857:

Patient is 5 ft. 6 in. in height, well formed and tolerably robust. Has the appearance of having been very stout, but the muscular system is now flabby. Diarrhea, lymphatic; hair dark; features broad and massive; forehead prominent; conjunctivæ anæmic; eyes gray; nose short and thick, alæ nasi expanded; malar bones not prominent; upper lip tumid; mucous membrane of lips and gums pale; teeth small and regular, enamel good. Voice hoarse and whispering; breath gives off a peculiarly fetid odour. Sternal end of left clavicle is higher than the right; manubrium sterni depressed. On left side there is a prominence of the third and fourth ribs at their junction with the cartilages. Abdomen rather large and flabby.

History.—Is one of a large family, seven of whom, viz., four brothers and three sisters, are dead. Does not know of what diseases they died. Patient states that in his youth he was very healthy and temperate. Until the age of twenty-five years he followed the occupations of a tailor and a hawker, which

he relinquished at this time for that of a beer-shop-keeper. For five years subsequently he continued well, and though indulging occasionally in liquor, was not, he considers, on the whole, intemperate. Being unfortunate in this line of business, he was compelled to sell his house and resume his prior occupation of hawking. Owing to the depression resulting from his misfortunes, he became very intemperate, and five years ago had a severe attack of delirium tremens, for the treatment of which he became an inmate of the Infirmary. After remaining there a month, he was discharged, and he returned at once to his habits of dissipation. Twice subsequently, while in a state of intoxication, he received injuries on the chest, which caused the alterations in its form above noticed. In other respects he continued well until a year ago, when he had a second attack of delirium tremens, and was again an inmate of the Infirmary for eight days.

The present illness commenced three months ago, after exposure to severe cold and wet. The first symptom noticed was a troublesome cough, which, however, was unattended by pain or expectoration. This continued until two months ago, when, after repeated exposures to cold and wet, it became more urgent, though still without pain, and with only slight expectoration. Between three weeks and a month ago, the cough increased in violence; there was severe pain in the left side, and the sputa were streaked with blood. He noticed now, for the first time, that his breath was very offensive. Since that time the cough has continued unabated; the pain in his side is much increased, and the sputa have been occasionally tinged with blood.

He has not been under medical treatment. Has had no feverishness or thirst from the commencement of the present attack, until four days ago. States that he has lived well during the past seven years. Feels tolerably well, except as to the cough.

Examination on admission.

Respiratory System.—Thoracic expansion is somewhat restricted. The sternal end of the left clavicle is dislocated; manubrium sterni depressed, and the prominence of third and fourth ribs appears to have resulted from an old fracture.

On percussion, anteriorly, the right side of the chest is resonant, as also the upper two-thirds of the left side; the lower third

is dull both anteriorly and laterally. On auscultation over right side, inspiration is found to be harsh, expiration prolonged. On the left side, inspiration is sibilant, expiration prolonged and attended by fine moist crepitation superiorly, but over lower third, by loud snoring. Posteriorly, percussion is normal. The respiratory sounds are slightly exaggerated on both sides, and at the base of left lung there is fine crepitus with expiration. The cough is very troublesome; sputa copious (about a pint in twenty-four hours), muco purulent, viscid and fetid, but much less so than the breath; some of the masses are tinged with blood. No lung substance is observable under the microscope; but there are abundant pus-globules.

Digestive System.—Tongue furred and moist. Patient complains of great thirst. There is no hepatic or splenic enlargement discoverable on percussion. Bowels open.

Genito-Urinary System.—Urine, sp. gr. 1.032; deposits a copious sediment of urate of ammonia and purpurates. Chlorides abundant.

Circulatory System.—Cardiac dullness two and a half inches transversely at nipple; impulse felt between fifth and sixth ribs. There is a slight blowing murmur at the close of systolic, heard at the apex. Pulse 68, full and firm.

All the other systems normal.

Feb. 17. Pulse 80, full; skin hot and dry. On right side of the chest the respiratory murmurs are harsh, and with forced expiration, snoring. On the left side the respiratory sounds have the same character, but to a greater degree. Posteriorly, forced respiration is harsh on right side; and on left there is snoring with both respiratory acts.

Tongue furred; thirst excessive.

18th. To take the following mixture: *R.*—Naphthæ medicinalis, ʒij; Liquoris morphinæ murialis, ʒijj; Aquæ destillatæ ad ʒvi.—*M.* Ft. mistura cujus sumat ʒss, ter quotidie.

Vespere.—On the right side the sounds are unchanged; but on the left there is sibilus anteriorly, with inspiration and expiration, and fine crepitus at the close of the latter. Patient continues very thirsty. Pulse 80, full. Patient expectorates about a pint in twenty-four hours. Makes no complaint.

19th. No sibilus on left side.

20th. Considerable pain over lower third of left side. To have a blister applied to the seat of pain.

21st. Pain much diminished. Patient is still very thirsty. Sputa increased in quantity.

22d. The pain has quite gone. On percussion the dull sound is more marked over lower third of left side. Over the same region, posteriorly, the crepitant rale is still heard.

23d. The crepitus previously heard over left side anteriorly, is no longer present. There is no sibilus on either side, and over the whole front the respiration is not snoring, although it is harsh. Pulse 60, soft and rather feeble. Sputa much increased (two pints in twenty-four hours). Exhales an odour resembling that of May flowers. Breath still very fetid; the odour is rather feculent than gangrenous.

25th. Had a return of hæmoptysis to-day at 2 P.M. The sputa were deeply covered with blood. Patient had no pain, and at 7 P.M. the hæmorrhage ceased. Expresses himself as feeling well in other respects. The snoring and crepitus have returned on the left side. Posteriorly, over lower half of left side, there is coarse crepitus with both respiratory acts. Pulse 60, very feeble. Appetite good; thirst diminished. Add five minims of tinct. ferri sesquichlor. to each dose of the mixture.

March 2. On auscultation a fine moist crepitation is heard, with inspiration over the whole back. There is no dullness on percussion, although the tone is rather flatter than natural. Vocal resonance everywhere increased.

5th. For the last three days patient has been sitting up for about three hours daily. Sputa as copious as before. Still no complaints. Ordered to omit the other remedies and take one-thirtieth of a grain of strychnia every eight hours.

9th. No crepitus on right side. The breath is not nearly so offensive. Patient feels considerably stronger, and sits up for five or six hours daily. Increase dose of strychnia to one-twentieth of a grain.

10th. The sputa this morning was slightly tinged with blood. The cough was very urgent, but patient had no pain. Continued same treatment.

19th. Strength increasing. Sputa diminished in quantity, and since last report have been occasionally tinged with blood. The fragrant odour has entirely disappeared, and the breath has almost lost its fetor.

24th. The dullness over the lower third of

left chest is still present; there are yet crepitations remaining over the corresponding region posteriorly. The expectoration has very much decreased; the sputa amounting to only half a pint in the day, contain but very few traces of blood.

27th. The cough is now very slight; sputa measure only 2 oz. per diem. Patient is gaining flesh rapidly.

April 2. The improvement continues; sputa only 1 oz. in last twenty-four hours, viscid and free from blood.

Dismissed. The expectoration had wholly ceased.

The fetid sputa were examined in the chemical laboratory of the University by the kindness and under the superintendence of Professor Gregory, and the odour was found to be due to the presence of methyamine with butyric and acetic acids.

Comment.—Dr. Laycock remarked that the case would formerly have been regarded as an example of pulmonary gangrene, but it resembled in the leading symptoms the class of cases known as fetid bronchitis. In one point, however, only, is there a resemblance to pulmonary gangrene, namely, in the stench of the breath and of the sputa. In the fetid bronchitis the odour is not that of putrid flesh, but very characteristic of butyric acid and the new odorous compounds, the butyrates of ethyl, now used to flavour confectionery. In the case of Scott the odour was that of the May flower, or of apple-blossom, with a conjoint odour—a sort of *arrière goût* of feces.

Scott's case showed other interesting characteristics. First, there was the excessive thirst, out of all relation to the febrile or general disturbance, and referrible probably to lesion of the nervous system—a polydipsia to be attributed to functional disturbance of the pneumogastric centre. Secondly, there was the sensorial hebetude, as indicated by the feeling of well-being and content which the patient always manifested. No feeling of illness, and especially nothing referrible to the lungs was complained of. This is a condition analogous to that observed in certain cases of phthisis. Thirdly, in the history there was the repeated occurrence of delirium tremens, and the morbid state of the encephalon to be estimated consequent upon it, and upon the continued drunkenness. Dr. Laycock, therefore, concluded that the production in the lungs of the peculiar compound to which the odour of the

sputa was due, might be referred to some change in the ganglia of the pneumogastric and of the sympathetic in connection with the pulmonary mucous surface, of an asthenic character. He said he was led to this view by the result of the experiments of Claude Bernard, who had discovered that the irritation of the floor of the fourth ventricle, or, in other words, of the origin of the pneumogastric, was followed by the appearance of sugar in the urine. However the production of sugar in the organism may be explained theoretically, the facts indicated that the pneumogastric ganglion or the nerve tissues near it and in anatomical relation with the pneumogastric nerves, exercised an action on the blood as it passed through the lungs, so that the organic compounds contained in it would be abnormally altered when abnormal action was set up in them. Hence Dr. Laycock prescribed strychnia in the case of Scott, hoping thereby to modify the state of the nerve-centres, upon which probably the production of butyric acid and the butyrates depended.

As a further illustration of the pathology of fetid bronchitis, and the probable connection of the special symptom with a morbid condition of the cerebellum, Dr. Laycock called the attention of the class to the following case:—

Case of fetid bronchitis, with aortic insufficiency and dilatation, pulmonary condensation and softening; and atrophy and softening of the left lobe of cerebellum.

John Edgar, 66, single, following the occupation of a carter, admitted into the Royal Infirmary, May 28, 1856. The most salient and interesting points in this case are as follows: The patient enjoyed good health up to the time of present attack, which commenced six weeks ago, with rigors and slight dyspnoea, followed by thirst, feverishness, and cough. Subsequently he lost flesh; the cough became more violent, and was attended by copious expectoration of fetid matter.

On admission, a bulging was found over the cardiac region. Percussion sounds rather flatter over left apex than right, anteriorly; otherwise normal; at the same point respiration is exaggerated; expiration prolonged. Posteriorly mucous râles are heard at left base and over middle third, on forced inspiration. Expectoration abundant, partly purulent, with very offensive odour. Over the base of the cardiac organ a murmur is

audible with the diastole; it is heard also at the xiphoid cartilage and second right costal cartilage, but faintly at the apex. The arteries at the wrist are very tortuous; the pulsation of the arteries in both arms and forearms, as well as of both carotids, can be distinctly perceived. Pulse 88.

June 4. Patient has not improved much. Complains of thirst, and a little pain in left infra-mammary region. Expectoration more abundant and purulent. Skin hot and dry. 11A. "A little improvement;" appetite good; skin cool; that covering the face of a yellow tint; abundant moist râles over whole of left side, posteriorly; vocal resonance increased; percussion equal on both sides. 24A. The odour of breath and sputa less offensive; the sputa less abundant; still muco-purulent; appetite much improved. 29A. Coughed up a teaspoonful of florid blood; small quantities continued to be expectorated during the day; sputa frothy. 30A. The fetor of sputa is gone to-day, and no odour is perceptible in the breath. Dulness on percussion over left apex, anteriorly, extends down to second rib; cardiac dulness cannot be ascertained, that portion of the chest being as resonant as elsewhere; a murmur with the first sound is audible at the apex, also at base over sternum and under both clavicles. On percussion over left lung, posteriorly, the upper two-thirds are found to be duller than on the right side; lower third is resonant; the colour of the face is less sallow, and patient expresses himself as somewhat stronger.

15A. The dulness on the left side extends below the nipple, anteriorly and laterally. Respiration over the dull region is tubular; towards the lower part it is faint, and inspiration is attended by a subcrepitant râle. At the base friction-sounds are audible. Vocal resonance muffled. The sputa pretty abundant; the upper part is frothy and white; in one or two places fawn-coloured; somewhat fetid; the lower part is muco-purulent and tenacious. Second cardiac sound is rough and prolonged; over the sternum both sounds have a metallic character. Pulse 92, full and regular. Patient does not think himself in any way worse, except as regards the cough; skin has a more decidedly icteric tint since last report; conjunctivæ slightly yellow.

21st. No change in physical signs, except that a cracked-pot sound is elicited, on percussion, over second and third ribs on the left

side. Sputa retain their fetor, which is of a feculent character. Patient is gradually getting weaker, though he says there is no change. The yellow tinge of the skin has been diminishing for a few days past, and the lips have acquired an anemic paleness. *Vespere*.—Complains to-night of pain in the left chest. Empl. cantharid. to be applied to the seat of pain.

23d. The pain is gone. Patient has had one or two severe headaches, with sickness, which lasted for a day, and disappeared before night without interference.

27A. Sputa contained a good deal of blood yesterday. To-day the fetor is considerably diminished.

August 1. The blood has been gradually disappearing from the sputa. There is now a mere streak in one or two places. The fetor is much less.

7A. Much more blood has appeared in the sputa for the last two days, and this morning it is much increased. It is bright red, and comes up in mouthfuls. Heart's action rather stronger than usual; there also appears to be a slight murmur, with the second sound, at the base.

8A. Got up to stool this morning about seven o'clock, and was found unable to get back again; was lifted into bed; pulse by no means very weak, 84 per minute. He said he had no pain, and could not tell what was wrong. Had some ammonia and brandy administered to him, but did not improve. Continued much the same throughout the day. In the evening seemed to be quite sensible, but could not speak distinctly. Pulse full, 96 per minute.

9A. The pulse somewhat weaker, 104 per minute. At 9 A. M. in the forenoon was apparently sensible, but could not articulate. His tongue lay to the right side in his mouth, but could be moved about easily when he tried. Pulse getting weaker and rather quicker. About 5 P. M. had a convulsive fit, in which his right side was alone affected, the arm and leg violently, and the mouth being drawn to the right side, without foaming. He had six similar ones before half-past eight P. M., in all of which the right side was most affected, but in the last the left was considerably affected also. About 9 P. M. he had one in which the left arm and leg were violently convulsed, and the right-hand, but not above the elbow. The mouth was at first drawn to the left, but, during the fit, changed to the right, and

continued so until the fit ended. The pulse was almost gone, and he seemed nearly asphyxiated, but whenever the convulsions ceased the pulse began to gain in power, and very soon was nearly at its former strength, and 104 per minute. He had four other fits before midnight, at which time (being unable to swallow) he had brandy and an enema of beef tea administered. From that time till 9 A. M. next morning, August 10, he had sixteen other fits. This morning he lies on his back, breathing with some difficulty. Pulse 120, weaker. At 10 A. M. he had a final fit, a very violent one, in which the whole body was convulsed. After this he lay on his back, breathing with difficulty and stertorously, until about 5.30 P. M., when he died quite quietly.

Secio Cadaveris on the 12th of August, forty-five hours after death.—The body was not emaciated to any great extent. The skin of the face of a dusky yellowish colour, which did not, however, extend to the integument of any other part of the body. On removing the cranium the brain was seen to present a very uniform smooth appearance, owing to an effusion, partly serous, partly gelatinous, on the surface of the hemispheres. The brain itself was somewhat cedematous, and very soft; the lateral ventricles were rather enlarged, and contained about an ounce of fluid. The arteries at the base of the brain were very atheromatous, especially the right middle cerebral and the left inferior cerebellar, which last was completely occluded about an inch from its origin. The left lobe of the cerebellum was both softened and atrophied, and, under the microscope, was seen to be crowded with exudation-corpuscles. The *Pericardium* contained a good deal of serous fluid. The *Heart* itself was quite healthy, with the exception of a slight incompetency of the aortic valves, caused by a swelling, about the size of a pea, between two of them. The *aorta* was dilated and rough immediately above the valves, and was, to a slight degree, atheromatous. The *Left Lung* was adherent to the ribs, especially posteriorly, where the adhesions were quite cartilaginous, and nearly an inch thick. The upper lobe was completely consolidated, with an exudation of a simply fibrous character. No trace existed of either cancerous or tubercular deposit. In the centre of the lung there was a feild, disintegrating cavity, about the size of a walnut. The

Right Lung was very cedematous, especially in the upper lobe, with some pneumonic consolidation, and a few emphysematous patches along the anterior border. The *Liver* was normal. The *Gall-Bladder* elongated with an hour-glass contraction in the middle. *Kidneys* contained a few cysts. *Supra-Renal Capsules* rather larger than natural, but normal in structure. *Spleen* normal. *Testes* the same. All the arteries in the body, as far as they were examined, presented here and there patches of atheromatous deposits.

Dr. Laycock pointed out the points of similarity between this case and that of Scott. The leading symptoms were the same, but in Edgar they occurred in a man much more advanced in years, and with much more extensive structural disease. In Edgar there was the same recurrent hæmoptysis, offensive breath, and fecal or butyric sputa. There was also the same cachectic character, excessive thirst, and sensorial hebetude. The latter symptom was, indeed, so decidedly marked, that Dr. Laycock diagnosed obscure disease at the base of the brain from the first admission of the patient. His general morbid condition was, in fact, such that considerable mental depression and irritability are almost always experienced, unless special centric causes are in operation to diminish the sensorial sensibility of the cerebral centres subservient to the feeling of corporeal well-being or ill-being (according as the bodily states vary), and which Dr. Laycock places in the posterior portion and the base or the encephalon. He therefore diagnosed probable disease of the cerebellum or medulla oblongata in the case of Edgar, before any special symptoms involving the motor system showed themselves.

Functional disturbance of the nerve-centres in relation with the lungs, may, however, be associated with butyric or fetid expectoration in bronchitis. In proof of this Dr. Laycock called the attention of the class to the following case, observed by him twenty years ago, and reported in the *London Medical Gazette* for December, 1837:—

Case of Fetid Bronchitis; the Bronchorrhæa and Fætor occurring in Tertian Paroxysms, with Convulsive Cough.—A young woman, aged 20, the wife of a Hospital Serjeant in a cavalry regiment, admitted April 27, 1837, into Hospital. She is pale, and has an anxious expression of coun-

tenance. She suckled her first child for twelve months, and weaned it six weeks ago. Milk can still be squeezed from the nipples. Complains of violent cough attacking her in paroxysms, which continue for from fifteen minutes to two hours, causing great pain in the head, and accompanied by a profuse expectoration of a muco-purulent fluid, having a distinctly fecal and highly offensive smell. "Bronchophony at each upper and anterior region of the chest, most marked on the right." Pulse 80, feeble. Bowels constipated; tongue clean and moist; appetite impaired and fastidious; thirst excessive, the patient drinking two or three gallons of fluid every day. Temper irritable and desponding.

Her history was, that in January preceding she was attacked with pain under the right scapula, extending round and over the lateral and anterior region; it was aggravated when she coughed or breathed, catching her suddenly. She was relieved by bleeding, and suffered from nothing more than a slight cough until April 17 (ten days before admission). She was exposed at that time to cold and fatigue, and had causes of anxiety, and thereupon the pain recurred, extending round to beneath the right mamma. She had daily pyrexial paroxysms, commencing about noon, but not terminating in sweat. Her cough became more severe, and on the seventh day of the attack she observed that the sputa had a most disagreeable smell, which gradually became more perceptible, and at last highly offensive.

On watching the case in the hospital, it was found that cough and expectoration came on in tertian paroxysms. She would expectorate, in the course of two hours, from two to three pints of a dirty-gray muco-purulent fluid, of a peculiarly offensive fecal odour, and which filled the whole ward, tainting the atmosphere so that it resembled that of a privy. The cough was convulsive, like that of whooping-cough, the breath smelling like the sputa. In the intervals (that is, on each alternate day) the sputa much less in quantity, having more the odour of a decayed apple, and represented by the patient as of a sweetish taste. The thirst was so urgent, that she had a gallon pitcher of water, acidulated by nitric acid, placed by her bedside for use *ad libitum*. She left the hospital, still suffering from attacks, but she soon afterwards made rapid

progress to recovery, and joined her husband at Nottingham (to which place his regiment had removed), in good health and spirits.

This case, Dr. Laycock remarked, was analogous to the preceding. There was the same characteristic sputa, the same bronchopneumonia, the same excessive thirst. But the symptoms implicating the nervous system were those rather of irritability than paralysis; the cough was convulsive, the temper irritable; cephalæa during the paroxysms. The difference might in a great degree be attributed to the youth and more temperate habits of the woman; partly, perhaps, also to the action of the malaria to which she had been exposed, and which impressed the production of butyric acid with a periodic character. In this respect the case was analogous to those on record of tertian diabetes.

The beneficial action of the strychnine seemed to be well marked in the case of Scott. With the view, however, of testing its efficacy as a bronchial astringent, it has been administered in some cases of phthisis with profuse expectoration, in which there was the hopefulness which characterizes certain cases, and with the same apparent benefit; the amount of sputa having markedly diminished. Dr. Laycock is of opinion that a participation of the nervous system, in certain morbid pulmonary states, will be found to be of much more frequent occurrence than is even suspected at present.—*Med. Times and Gaz.*, May 16, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Pennsylvania State Medical Society.—The annual meeting of this Society was held at Westchester, on Wednesday, May 27, 1857. Dr. R. La Roche, President, in the chair. The venerable Dr. Darlington welcomed the Society to Westchester, in a brief, but very appropriate address.

Delegates were present from twelve counties.

The President, Dr. La Roche, delivered an able and elaborate address; for which, on motion of Dr. Ehler, of Lancaster, the thanks of the Society were tendered, and a copy was requested for publication in the *Transactions*.

At the afternoon session, in the absence of Dr. La Roche, Dr. Worthington, Vice-President, occupied the chair. On motion of Dr. W. Mayburry, Dr. John Curwen, of Harrisburg, was admitted as a Delegate from Dauphin County.

On motion of Dr. Jewell, Drs. T. D. Richardson and Percy La Roche, of Philadelphia, were invited to seats as members of the Convention.

Sanitary reports were received from the Medical Societies of Philadelphia, Perry, Beaver, Bradford, Montgomery, Blair, Schuylkill, Chester, and Washington Counties. After being read, either in substance or by abstract, the reports were referred to the Committee of Publication.

The Treasurer, Dr. R. P. Thomas, presented a report, which, after being audited, was pronounced correct, and adopted.

Dr. Atlee, on behalf of the Medical profession of Lancaster, invited the Society to hold its next annual convention in that city.

A report was received from Dr. J. Bell, of Philadelphia, chairman of the Committee appointed in 1856 to memorialize the authorities of Philadelphia upon the importance of universal vaccination. On motion of Drs. Atlee and Mayburry, the subject of the report was referred to a committee, to consist of one member from each of the county delegations present in this convention; with authority to memorialize the State Legislature in favour of a system of uniform vaccination throughout the State.

The Committee appointed to address the Legislature in regard to printing the *Transactions* of the State Medical Society, was, by request, continued.

Dr. H. Carpenter, of Lancaster, read an interesting report upon the subject of vaccine virus and vaccination, which was referred to the Committee of Publication. A discussion ensued, upon the subject of this report; in the course of which, Dr. Atlee, of Lancaster, related a case in which smallpox had occurred twice in the same child, under two years of age.

On motion of Dr. Carpenter, the appointment of Drs. Emerson and Condie, of Philadelphia, as a Committee to procure vaccine virus fresh from the cow, was renewed and continued.

Dr. Biddle, of Philadelphia, on behalf of the Committee to which were referred the resolutions of the Berks County Agricultural Society, in regard to the adulteration of

drugs, reported that the subject had been taken in charge by the Pharmaceutical Convention, and moved that the Committee be continued. Carried.

The Committee appointed last year to confer, if desired, with officers of Insurance Companies upon the subject of vital statistics, was continued.

The report of the Committee appointed to consider the propriety of issuing a Form of Record of cases of disease, and of passing resolutions tending to compel the preservation of sanitary statistics, was read, and, after modification, adopted.

On motion of Dr. J. S. Carpenter, of Pottsville, the plan of a Form of Record, proposed last year, by Dr. H. Hartshorne, was referred to the Committee of Publication, with discretionary powers.

The report of the Committee on Biographical notices of deceased members was received and referred to the Committee of Publication.

The preamble and resolutions offered by Dr. R. P. Thomas, in 1856, in regard to a proposed alteration of the times of meeting of the American Medical Association, were taken up and discussed. On motion of Dr. Biddle, they were referred to the different County Medical Societies; with a request to report to this Society next year, upon this subject, and upon that of the expediency of modifying the basis of representation in the Association.

The Committee on the Organization of new County Medical Societies, made a brief report.

Dr. Darlington invited the members of the Society to visit the collection of specimens of Natural History in the Westchester Cabinet of Natural Sciences. The invitation was accepted. An invitation was also accepted to visit the Institution of Mr. Bolmar. On Wednesday evening, the members were handsomely entertained at the houses of Drs. Darlington, Thomas, and Worthington.

THURSDAY MORNING (May 28).

Dr. La Roche, President, in the Chair. Reports from several County Medical Societies (already named) were received, read, and referred.

Dr. R. P. Thomas presented a report from the Committee of Publication, which was adopted and ordered to be published.

On motion of Dr. Mayburry, Dr. J. L.

Atlee communicated an account of his experience with the results of the late epidemic at Washington, D. C. An interesting discussion followed, in which Drs. Jewell, La Roche, Remington, Corson, Neill, J. S. Carpenter, and others participated. By request of the Society, Hon. Mr. Hickman, of Westchester, who was present, gave an account of his own suffering from an attack of the disease; from which he had received the impression that it was produced by a mineral poison.

Dr. H. Hartshorne moved, that the subject of the mode of extension of typhoid fever be commended to the Epidemical Committees of the County Medical Societies of the State as a special topic of inquiry. Adopted.

Dr. H. Carpenter, of Lancaster, proposed the following resolutions, which were adopted:—

Resolved, That the members of this Society be invited to present, at each meeting, prize essays, or original communications, which shall be subjects of discussion at such meetings.

Resolved, That the President, Vice-Presidents, Treasurer, and Corresponding Secretary, be constituted a committee, to devise a plan for the extension of medical organization through the State; and to procure the services of some active and zealous member or members, who shall, during the ensuing year, visit the different counties in which no organization exists, call a sufficient number of the members of the profession together, explain to them the importance of organization, furnish them with the necessary documents, and adopt such other measures as may tend to secure the desired object; the expense to be borne by this Society.

On motion of Dr. Jewell, Dr. Samuel D. Gross, of Philadelphia, being present, was invited to a seat as a member of the Convention.

A report was received from the Board of Censors, in regard to the Constitution and By-Laws of the Delaware County Medical Society. The Board was requested to hold the subject of that Society under consideration, and report again next year.

Dr. A. L. Kennedy read a report from the Committee on Forms of Sanitary Reports for County Medical Societies; recommending the introduction, as additional items, of information in regard to the medical effects of indigenous plants and of new remedies;

and, of facts in surgery or obstetrics. This recommendation was adopted.

Dr. Kennedy also moved, that the Committee on Meteorology be requested to report to this Society on the means by which medical practitioners may most readily determine the electrical condition and fluctuations of the atmosphere. Carried.

The Nominating Committee, appointed on Wednesday, reported the following list of officers for 1858; who were thereupon elected:—

President.—Dr. John L. Atlee, of Lancaster.

Vice-Presidents.—Drs. J. B. Biddle, of Philadelphia; Isaac Thomas, of Westchester; Hiram Corson, of Montgomery County; Boyd Emery, of Washington County.

Recording Secretaries.—Drs. Septimus A. Ogier, of Chester County; Henry Hartshorne, of Philadelphia.

Corresponding Secretary.—Dr. Samuel Lewis, of Philadelphia.

Treasurer.—Dr. Robert P. Thomas, of Philadelphia.

Committee of Publication.—Drs. S. L. Hollingworth, John Neill, and Edwin Janvier, of Philadelphia.

Censors.—1st and 2d Districts: Drs. J. A. Ehler, Lancaster; P. G. Bertolet, Berks Co.; A. R. Gaston, Chester Co.; W. W. Corson, Montgomery Co.; Charles Martin, Lebanon Co.; R. E. James, Northampton Co.; E. H. Mason, Bradford Co.; W. Maybury, Phila. 3d and 4th Districts: Drs. John Landis, Blair Co.; J. B. Ludin, Huntingdon Co.; Luke Grainger, Tioga Co.; Thomas Wood, Lycoming Co.; Jas. Henderson, Mifflin Co.; James Galbraith, Perry Co. 5th and 6th Districts: Drs. Geo. H. Cooke, Washington Co.; D. Leasure, Lawrence Co.; G. P. Gazzam, Allegheny Co.; John Loman, Cambria Co.

Delegates to American Medical Association.—Drs. J. S. Carpenter, of Schuylkill Co.; Isaac Weidler, of Lancaster Co.; S. L. Blachley, of Washington Co.; W. Worthington, of Chester Co.; W. Jewell, of Phila.; Frank Rieser, of Berks Co.; Oliver Cunningham, of Beaver Co.; Milton Newberry, of Montgomery Co.; John D. Feay, of Blair Co.; Geo. F. Horton, of Bradford Co.; Benj. P. Hooke, of Perry Co.

Dr. Atlee was then conducted to the chair, and addressed the Society with much feeling. After the passage of resolutions of thanks to the Chester County Delegation,

to the Authorities of Westchester, to the Railroad Companies, and to the retiring officers, the Convention adjourned, to meet at Lancaster, on the last Wednesday of May, 1858.

In the afternoon of Thursday, the members enjoyed, by invitation, a delightful excursion to the banks of the Brandywine. In the evening they were received by the members of the Chester County Medical Society, at a public entertainment in Cabinet Hall. Although not numerously attended, this Convention has been one, upon the whole, of great interest to those who were present.

Meeting of the American Medical Association at Nashville.—We find, in the *New Orleans Med. News and Hosp. Gaz.* for June, the following remarks regarding this meeting:—

"The late annual meeting of this great Association was not as well attended as usual, nor were its proceedings characterized by anything of especial interest or importance. There were delegates present, it seems, from twenty-three States, but we regretted to notice the paucity of the more distinguished members of the profession of nearly all the large cities of the Union. We did not expect this, but, on the contrary, thought that with the present facilities for travel, the physicians of the North and East would not omit so favourable an opportunity to visit their brethren of the South. We felt assured they would be most heartily welcomed, and we wished them to see how sectional jealousies can be overwhelmed by Southern hospitality. We know not how to account for the non-representation of more than one of our Southern cities, in which can be found some of the ablest men in the profession, and in one of which there exists a flourishing medical college. But it is not our business to discover a reason for this; we only allude to the general surprise that was expressed. We had hoped that the expected meeting of the Association at Nashville would have excited sufficient interest in the profession to call forth a large delegation from the South; but such was not the case. The South still holds herself too much aloof from associated efforts, to advance medical science; yet, we trust the day is close at hand when she will be fully aroused from her lethargy, and realize the importance of fostering home institutions and literature.

"At Nashville, we missed many familiar faces that we had never failed to meet in our previous attendance on these glorious reunions, and saw many who made their first appearance in the halls of the Association. The absence of experienced members served in no small degree to lessen the interest of the proceedings, and gave rise to the introduction of suggestions and resolutions which could only have emanated from those who were not familiar with the previous transactions of the Association. The only discussions at all animated, were on matters of minor importance, and elicited developments that were not very creditable to the dignity of the body.

"A good many of the Standing Committees failed to report; others gave a synopsis of reports, which were referred to the Committee on Publication. The most interesting and elaborate report presented was that of Dr. D. M. Reese, of New York, on the 'Causes of Infantile Mortality.' The doctor had prepared a synopsis that excited deep interest, as far as he went; but, unfortunately, owing to the presence of ladies in the galleries, he was compelled to withhold the development of many startling facts relative to the disgusting vices of 'modern Gotham.' And here we must be so ungallant as to declare our disapprobation of allowing the presence of ladies at the deliberations of this Association. We doctors indulge in no eloquent debates calculated to interest them, but, on the contrary, we often have to discuss matters not very suitable to 'ears polite.'

"In Nashville, we had a repetition of those splendid and costly entertainments which the Association has been endeavouring to suppress for several years past. There are, certainly, many serious objections to them, in a business point of view; but, at the same time, they are so very agreeable, so creditable to the citizens of the place, and so flattering to the profession, that one can hardly have the heart to condemn them."

Boylston Prize Dissertations for 1857.—At a meeting of the Boylston Medical Society of Harvard University, held May 12, a prize of fifty dollars was awarded to Mr. JOHN GREEN, of Worcester, Mass., for an essay on "Poisons, and their Detection;" and another prize of twenty dollars to Mr. JOHN T. G. NICHOLS, of Standish, Me., for an essay on "Diabetes, and its Treatment."

Ohio Institution for Idiotic and Imbecile Youth.—The legislature of Ohio have passed an Act for the establishment of an Institution of the Idiotic and Imbecile Youth of the State. Dr. R. J. PATTERSON, of Columbus, formerly Superintendent of the Indiana Insane Asylum, has been appointed Superintendent, a house has been erected, and the Institution will go into operation at once.—*Cincinnati Medical Observer.*

Philadelphia College of Medicine.—We are pleased to announce that this Institution will, after the termination of the present year, give but one full course of lectures annually. The summer lectures will be supplementary only, and will, we understand, be restricted mainly to subjects which do not enter into the winter course. Degrees will be conferred at the termination of the winter course.

This concession to the general sentiment of the profession, does credit to the College, and will, without doubt, be beneficial to it.

American Edition of Montgomery on Pregnancy.—This edition has been most complimentarily noticed in the British Journals. The *Dublin Hospital Gazette* (May 1, 1857) thus speaks of it:—

"In the list of new medical works we feel bound to notice the American edition of Dr. Montgomery's *Exposition of the Signs and Symptoms of Pregnancy*. We have already noticed this work as one possessed of no ordinary merit; and the extreme pains taken both by the publisher and printer in bringing out the American edition, show that the author's labours have been appreciated in the New World as well as in the Old.

"We are inclined to go even further than the publisher, and say, that in every point of mechanical execution, the work will be found the handsomest yet issued from the American press."

It is noticed, in equally complimentary terms, in the *London Medical Times and Gazette*, May 2, 1857:—

"Dr. Montgomery's classical volume has been reprinted in America, in a manner which is at once worthy of the great merits of the work itself, and highly creditable to the transatlantic publishers. The paper and typography are excellent, and the very beautiful plates of the corpus luteum are most admirably executed. Those repre-

senting the appearance of the mammary areola during pregnancy have been omitted, because, as the American publishers state, 'the extreme delicacy of finish, and accuracy of colouring, requisite to render them of any service as reliable guides, would have increased the cost of the work to an extent far beyond their direct utility as a means of diagnosis, and thus prevented its republication; while their omission was not found in any way to impair the completeness of the text.' The publishers do not say too much, when, in their announcement of the volume, they observe, at the close of a just tribute to the value of the original, that 'in every point of mechanical execution the work will be found one of the handsomest yet issued from the American press;' and we congratulate the distinguished author on the evidence which this circumstance affords, that in the New World, as well as in the Old, his valuable contributions to obstetric science have met with the appreciation they deserve."

FOREIGN INTELLIGENCE.

Secret Medicines.—[We ask attention to the following remarks, extracted from an editorial article in the *Lancet* (June 6). because the public seem not to have a just appreciation of the ethics of secrecy in medicine]:—

"In pursuance of our inquiry into the ethics of 'secrecy,' we beg to-day to call the attention of our readers to the false analogies put forward by the supporters of trading in occult remedies.

"In the first place, it is said there is something offered to society for sale. If society wants it, let it bid; let it buy. This is the usual course, and why must it be reversed? The reason why is this: An invention in art or manufactures, or a discovery in the applied sciences, has a money value. This money value is an unknown quantity; it may be great, or it may be small, but it is not the less a money value. The inability to determine the exact value of the commodity, does not preclude the possibility of a bargain upon sound principles; society may lose in the transaction, or the inventor may lose; but the loss is a money loss on either side, accordingly as society may have over or under-rated the

value of the discovery. And here the question terminates. Such bargains are made every day; values fluctuate, or are in their nature indeterminate, and speculators run their risk. But the profit and the loss are capable of comparison. A gain in money is comparable to a loss in money. It is so many pounds better. But who can compare pain and life with money? No one has ever yet determined how sharp a pang may, upon commercial principles, be relieved for a guinea; neither have we as yet, happily, computed the value of an hour or even a minute of life in pounds sterling. It is obvious, then, that as the profit and the loss in the sale of medical knowledge are not like values, the analogy between such a transaction and the operations of trade, or even the sale of inventions having a pecuniary measure of value, is a false one. It is a wretched sham, put forward to blind those who have not sufficient dialectical skill to unmask the sophism at which their hearts and consciences rebel.

"Let us examine another of the defences. It is urged that, after all, the vendor of a medical secret is only doing as an individual what the profession does as a body; that he is putting a price upon that which society is ignorant of and requires; that not only does the profession of medicine price its assistance and succour, but all who possess special skill or knowledge do the same; that a charge of trading upon misery is as applicable to the body as to the individual. But it is not so. This *tu quoque* cry, this other false analogy, even though boldly asserted, is but a sorry pretence, when looked at closely. Medical men price their labour, not their knowledge. The labour, being skilled labour, commands a more or less high price. The repute of an individual makes his labour more valuable; the demand raises the price. Not of his skill, but of his labour. And this is a sound commercial principle; the most high-minded may profit by it, the most delicate and sensitive minds need not shrink from such a result. And why? Because there is a legitimate relation between *labour* and *money*; none between knowledge of what is *priceless* and *money*. To go a step further, what is the practitioner paid for? Certainly not for a secret—not even for his knowledge—but only for his application of what is distributed amongst thousands. If A refuses to act, B will. Both A and B are in pos-

session of something hidden from the public, or, rather, unknown to the public. If A and B, and all the other medical practitioners combined, and declined to render their services for less than an enormous reward, then they would be pricing their knowledge—trading upon life and pain—selling a secret, in short. What does secreting a remedy for individual benefit amount to, then? what does it represent? Nothing more or less than a gigantic combination. The individual possesses a secret which is as peculiarly his own, and not more so, as the medical knowledge of the body of the profession. Let us imagine the profession to combine and act as an individual—to say to society: 'We have knowledge, and you need it; you suffer, we can give you ease; you are about to die, and we can save you. But first make us rich, give us dignities, place us upon the pinnacle of human prosperity, and then the knowledge is yours.' This is the true analogy. Who would defend us in such a course? Should we not, as a body, deserve the execration of society? Are there any terms of reproach adequate to express the inhumanity, selfishness, and turpitude of such conduct?

"Space prevents us from doing more than enumerating some subsidiary incentives to publicity in relation to medical discoveries. We should never forget that we are the legatees of our predecessors. Hitherto, all great discoveries in medicine have come down to us without a price. We owe to posterity a debt which we cannot pay to those who have gone down to the grave in honour. It is our business to keep up, in unbroken succession, the long list of benefactions in which we have all been participators. To begin now, in the present day, to fall away from the charity of our predecessors, is sacrilege—nothing more nor less than 'rank blasphemy' against the memories of those departed worthies, who, in all singleness of purpose, sought not their own private advantage, but how they might diminish the aggregate of human suffering. Again, it may be as well to say, that no man has a right to wealth. All who work have a right to subsistence in their sphere of life, even to competence, but not to great riches. If wealth pours in, it is probably deserved; it is very likely the meed of merit. But he who looks forward to *wealth* as something he can *claim* in return for his services or discoveries as an indefeasible

right, has far mistaken his moral position. Finally, our mission is to work, and often to fail in securing our reward; not to trade in tears, or put a money value upon the pains and diseases which afflict our species."

Dr. Fell's Treatment of Cancer.—A few months since, we informed our readers that the Governors of the Middlesex Hospital had, under the advice and with the concurrence of the medical officers of that institution, placed at the disposal of one Dr. Fell a certain number of beds in the department of the hospital especially devoted to the treatment of cancer. Dr. Fell is, as is generally known, an American surgeon, who has obtained extensive notoriety, as being the inventor of a novel method of curing or treating cancer. He professes to do what no one has yet done before him, viz., by the action of certain remedies, to destroy the constitutional character of cancer; and, by the aid of a caustic, to necrose, destroy, and eliminate *en masse*, root and stock, the local tumour; doing this in a manner which, though not quite according to the ancient aphorism in respect of the *cito*, nevertheless acts, as is affirmed, *tute* and moderately *fecundè*.

Now this, as we understand, was the way in which Dr. Fell so rapidly reached the high position of *interim* surgeon to a metropolitan hospital. Having attained to an eminent degree of private practice—and we need hardly say, that all practice in London, which is eminent, is also invariably highly lucrative—he liberally invited his professional brethren to come, and be themselves the witnesses of his method of triumphing over this arch enemy of poor humanity. Many came; and some were convinced that Dr. Fell had made a decided hit. So good, feasible, and reasonable, indeed, did his method appear in its results, to certain reflecting minds, that to them Dr. Fell's offer of operating in a public hospital was thought worthy of consideration. Under certain conditions, therefore, Dr. Fell was permitted to enter the Middlesex Hospital as a semi-public operator. The nature of his remedy, and his mode of applying it, were to be imparted to the surgeons of that hospital; and, after a given time, the secret of both, and the results as exhibited, were to be fully published, to the anxious admiration of the sceptical and the faithful.

We observed at the time, that we thought,

once in a way at least, the public could hardly accuse the profession of being deaf to the voice of a charming novelty; and that Dr. Fell could not claim a serene seat among the victims of prejudice and bigotry, like the modern Hygeist, Homœopath, Mesmerist, *et hoc genus omne*, who pretend, in this respect, to row in the same boat with the persecuted Galileo and Harvey. Dr. Fell has had the fairest of play. We promised at the time, and we repeat the promise, that if, in the event, his performances equal his pretensions, we will do him justice before the world; but we think our patience is overtaxed. There are two parties to the bargain into which the Doctor has entered; and he must not, therefore, expect to have it all his own way. The compact is, as we understand it, this—that the whole history of the remedy and the treatment shall be disclosed to the public whenever the experiments carried on in the Middlesex Hospital shall have reached a degree of completeness sufficient to enable the surgeon-judges to express an opinion thereon. Has not that time arrived? We cannot doubt it. It is well known that Dr. Fell has operated on numerous, and, as we understand, well selected cases of cancer; and that the tumours have been removed by his method. We conclude, therefore, that, as far as the mere opinion itself is concerned, the adjudicators could give us no more or better information a year hence than they can do at the present moment. The only pretence of delaying judgment which can be suggested is, that as yet no opinion can be given regarding the secondary consequences of the operation. But such a reason might be given a year hence with almost as much show of sense as at the present moment; for if, in Dr. Fell's well chosen cases, the cancer does not return during twelve months, there is no improbability but that it will do so at a later period, as happens in cases treated by the knife.

This, then, the most important part of Dr. Fell's pretences—that which relates to the eradication of the constitutional cancer—cannot receive any solution from these experiments, unless we are willing to wait patiently two or three years, quiet expectants of a large experience. Consequently, the matter, stripped of all varnish, rests exactly where we previously placed it; and the question to be answered is simply this: Can Dr. Fell, by the aid of his new caustic, remove a cancer-mass in a more effectual,

pleasant, and scientific manner, than can be done by the methods of ablation ordinarily practised? Now, if this question can be answered at once (and who can doubt that it may be), why is the reply delayed?

The question is one which the profession has a right to urge. A secret remedy—shall we say a nostrum?—is at the present moment widely and extensively used, and, in a certain manner, under the patronage of the profession. It was not exactly thus that Jenner and Harvey promulgated their discoveries; nor is the proceeding altogether according to the medical ethics of even these commercial times; still, under the circumstances of the case, we were not unwilling to stretch a point in favour of Dr. Fell; but there are limits to forbearance in this direction. The advertising sheets of our journals have been informing us for months that "shortly will appear" the grand secret; but still it comes not. Puffs of Dr. Fell find their way into the daily prints; and some are of such a character that one of the medical staff of the Middlesex Hospital thinks himself bound to disclaim all connection with the trumpet-blowing, on his own and his colleagues' behalf; expressing, at the same time, a hope that Dr. Fell is entirely innocent of partaking in it. Then again, such is the repute Dr. Fell has gained under the eaves of the Middlesex Hospital, that, *per fas et nefas*, young and old, from far and near, afflicted with cancer, are rushing to his hands. Are they all rushing to a delusion? Is the operation extreme and lengthened torture, or a mild and gentle process? Does it remove the tumour more securely and effectually than the knife does? What are its advantages, if it has any, over established practices? These are questions which, we plainly say, ought to be at once answered by the surgeons of the Middlesex Hospital. The cause of suffering humanity and the honour of the profession demand an answer. The materials for the solution of the questions are abundantly sufficient in their hands. They know how the tumour is removed; the duration of the operation; the pain attending it; the character of the wound, and its mode and times of healing; these things they know, for they have seen them. Why should there be more delay? On the most material point—the greater or less degree of probability of the recurrence of the cancer—they can evidently give us no information of any value whatever, unless

they delay their report until many of us are in our graves; and, even then, what would be the worth of a few statistics drawn from operations performed on a given number of selected cases?

A grave responsibility rests upon the surgeons of the Middlesex Hospital. Common sense, indeed, would seem to tell us that excessive and long enduring pain must attend the removal of large tumours by caustics; and the experience of most of us has made us acquainted with individual cases, where weeks of such intense suffering has been endured from this very method of ablation. Now, if a few cuts of the knife, rapidly made under the influence of chloroform, are, after all, a better operation than Dr. Fell's, the public cannot too quickly be told so; for it is evident that, if such be the verdict given, an immense amount of needless suffering will be immediately spared the unfortunate victims of cancer; and that, the fewer experiments tried to test the fact, the better for the world and for the credit of the profession.—*British Med. Journ.*, May 16, 1857.

Since the preceding article was in type, we have received a very recent number of the *Lancet* (June 6), from which it appears that Dr. FELL has at last made his plan public:—

"The caustic employed is a combination of chloride of zinc, the Canadian bloodroot, flour and water, and cochineal, to impart to the mass a deep red colour. This is applied either alone or on strips of linen. In cases where there is no ulceration of the surface, the skin is previously destroyed by the application of strong nitric acid. After the application of the paste to the charred surface, incisions of three-eighths or half an inch are made through the destroyed tissue; the caustic being again applied, and the incisions again deepened. Care is taken that the incisions should not extend to the living tissue. Strips of linen, covered with the paste, are inserted into these fissures. In three or four weeks, the incisions penetrate into the softer tissues, beneath which the line of demarcation has become established. The case is now left alone until the whole mass comes away like an eschar. It is stated, that the destructive process does not seem to involve the nerves to the same extent as the vessels, for the former were found to enter the diseased mass, and were the last to give way to the caustic. The pain varies in different individuals.

"Such, then, is the main feature of this wonderful secret. Enough for the present upon that head. It still remains, however, to be proved—a proof which can only be determined by time—whether the remedy of Dr. Fell possesses any real advantages over the knife, or other modifications of the caustic treatment long known and long practised. If the system be not freed from the disease, there would appear to be 'great cry and little wool.'"

Extraordinary Monomania.—M. LARIVIERE relates a case which he believes unique, which has recently come before the court of Briançon. A man, aged 27, usually believed to be of weak intellect, and a great liar and dissiminator, was convicted of having torn open the abdomen of many live sheep with his teeth, and then eviscerating the animals. He killed as many as thirteen in this way in four or five months, and five in the same night. No motive could be assigned for the acts, and M. Lariviere pronounced it a case of pure monomania. The court sentenced him to six months' imprisonment.—*Med. Times and Gaz.*, June 13, 1857, from *L'Union Médicale*.

Nuisances arising from Gas-Works.—The Metropolitan Association of Medical Officers of Health have just presented a report on the nuisances arising from Gas-works. There can be very little doubt that the manufacture of coal-gas, although a most useful operation, is one of a most offensive description; and indeed it is a matter of wonder that persons living in the vicinity of these works are not more often the victims of disease than appears to be the case. Their immunity can only be accounted for on the principle that habit accustoms human beings to bear deleterious influences which, when newly introduced, might be most pernicious. In the first place, clouds of smoke are evolved on the charging and emptying of the gas retorts, and this smoke often blackens the air in the vicinity. Then the purification of the gas occasions the deposition of a number of nauseous and poisonous materials, which being volatile, are again sent forth into the atmosphere. When we mention that the chief volatile products are sulphuretted hydrogen and hydrocyanic acid, not to mention ammoniacal and tarry matters, it may readily be supposed that a great gas-work

is a focus of pestiferous emanations. In a scientific point of view, nothing can be more instructive and interesting than the manner in which coal is made to yield up its illuminating material for the service of man in our great cities, and it is equally wonderful to observe how the progress of discovery has enabled the gas manufacturers to economize their resources and utilize their materials. In illustration of the latter remark, we may observe that a gas-work is a world in itself, and with a supply of coal, lime, and water, all the operations may be carried on without extraneous assistance. The refuse coal from the exhausted retorts becomes the coke which heats the fresh coal, and the lime used to purify the gas is afterwards employed to lute on the stoppers of the retorts. It is also not an uninteresting circumstance, that the various preparations of ammonia, employed to revive the drooping powers of the sensitive lady, or to rouse the flagging energies of the exhausted victim of fever, are mainly derived from the filthy refuse liquor of the gas-works. But the chemical operations required for effecting these wonderful changes are of a most offensive character, and on this account they have lately attracted considerable attention, and have been made the subject of the report to which we have alluded, from the Metropolitan Officers of Health. The document, however, is a very mild one, merely suggesting some improvements in the practical details of gas-making, the very nature of which necessitates the evolution of a host of offensive effluvia. The only possible remedy is, to remove the gas-works to a distance from human habitations.—*Med. Times and Gaz.*, May 23, 1857.

London Homœopathic Hospital.—The last hospital devoted to this delusion in London has closed its doors. It has dwindled down into a "temporary office" and a "dispensary for out-patients." We hear much of the success of homœopathy, and yet the friends of the humbug cannot subscribe sufficient funds to support a "hospital" even at a private house. Like all quackeries, it has had its day; like all quackeries, it has been supported by the shallow, weak, and credulous on one side, and the charlatan and the rogue on the other. Such alliances are invariably broken when either the eyes of the one are opened, or the rapacity of the other is not gratified.—*Lancet*, April 4, 1857.